

URR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037103

FILED VS OCT 19 1959

274

Primary Registration District No.

3052

Registrar's No.

330

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Pettis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sedalia</i>		c. CITY OR TOWN <i>Sedalia</i>		d. STREET ADDRESS (If outside, give location) <i>1422 South Park</i>	
Length of stay in 1b <i>48 yrs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last				4. DATE OF DEATH Month Day Year			
<i>MARY Lutie DURHAM</i>				<i>Oct 14 1959</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-24-1880</i>	9. AGE (last birthday) <i>79</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>Randolph Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Charles Greer</i>		13b. MOTHER'S MAIDEN NAME <i>Henrietta Burton</i>		14. NAME OF HUSBAND OR WIFE <i>James O. Durham</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>James O. Durham</i> Address <i>1422 S. Park Sedalia</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a)		<i>Malnutrition</i>		<i>19 days</i>			
DUE TO (b)		<i>Fracture of femur</i>		<i>10 days</i>			
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days.			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Felloot of bed at home</i>					
20c. TIME OF INJURY <i>4 a.m. Oct 4 59</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		20f. CITY, TOWN, OR LOCATION <i>Sedalia</i>		COUNTY <i>Pettis</i> STATE <i>Mo</i>	
21. I attended the deceased from <i>Oct 4 - 1959</i> to <i>Oct 14 59</i> and last saw her alive on <i>1 Oct 59</i> Death occurred at <i>9 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W R Edwards MA</i> (Degree or title)				22b. ADDRESS <i>Sedalia Mo</i>		22c. DATE SIGNED <i>15 Oct 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10-17-1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		23d. LOCATION (City, town, or county) <i>Sedalia Mo</i> (State)	
24. FUNERAL DIRECTOR <i>Mc Laughlin Bros Sedalia</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>10-16-59</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
DEC 27 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by Harold Tempel, Student Embalmer No. 800

working under my personal supervision.

Student Harold Tempel
Signature of Student Embalmer

Signed Philip M. Laughlin

Licensed Embalmer No. 3729

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.